

The Health Care Monitor

Volume 6, Issue 1

January 2003

Inside this Issue

- 2 **MAMC** pediatrics: USUHS teaching award

House Armed Services Committee staff visit Lead Agent

- 3 **Lessons in Bio-Terrorism** & community action plans

- 4 **DOD Federal Program** finalist "Pharmacy data shared between network , MTFs

- 5 **Regional Breast Cancer Conference**

Health Fair: Foot care



TRICARE Northwest

Naval Hospital Bremerton "Wired in the military"

By: Judith Robertson
Naval Hospital Bremerton
Public Affairs Officer

**NAVAL HOSPITAL BREMER-
TON** -- Naval Hospital Bremerton located in Bremerton, Washington is in the spotlight, along with two Army hospitals, in the article Wired in the Military in Most Wired magazine, ([Most Wired in the Military](#)), a quarterly supplement of H&HN (Hospitals & Health Networks) magazine, the journal of the American Hospital Association.

The article by Chris Serb in the Fall edition of Most Wired is the result of Naval Hospital Bremer-



The "Most Wired" team: (front) Laura Mortimore, Denia Panes, Bryan Jarnagin, Mike Warmoth, Maureen Melton, (back row) Patrick Flaherty, Martha Herbold, Alfie Boulton, Donna Corser, Gayle Frevert, Kim Stone, (not pictured) HM1 Richard Shores, Lora McCusker, Shawn Fellows, Kathy Sinn, Lt.j.g. David Forsyth, Rick Cornwell, Roger Smith and Claire Thompson.

ton being named one of the nation's "100 Most Wired" hospitals in the July issue of H&HN (www.hhnmag.com).

In fact, this year Naval Hospital Bremerton is one of only 19 hospitals nation-

wide to be placed on the list for the fourth year out of the 100 entries on the list. Four other hospitals in the State of Washington were recognized. Over three hundred applications were received for the

"100 Most Wired" honor, representing about 800 hospitals and health-care systems nationwide accord to AHA.

In the Fall 2002 Most Wired article, Capt. Christine Hunter, M C.,

(Continued on page 6)

Lead Agent welcomes guests from House Armed Services Committee



Ms. Debra Wada, and Mr. Rick Stark, Professional Staff Members of the House Armed Services Committee met in December with Brig. Gen. Michael A. Dunn, Lead Agent TRICARE Northwest and commanding general of the U.S. Army Medical Command's Western Region. Dunn discussed the future of Department of Defense medicine with the congressional staffers. *(Photo above by: Susie Stevens)*

Ambulatory Pediatric Association Outstanding Teaching Award for 2002: MAMC one teaching site

The purpose of this award is to foster interest in the teaching of ambulatory pediatrics by giving national recognition to an outstanding ambulatory pediatric program. Programs must demonstrate excellence in educational teaching methods, acceptance by students and/or residents, acceptance by the community and the institution innovations and adaptability, or outstanding quality of the individuals trained in the program. Emphasis is placed on the award being given to an outstanding program.

The Uniformed Services University of the Health Sciences (USUHS) Department of Pediatrics third-year clerkship, of which MAMC is one of the teaching sites, was recently awarded the Ambulatory Pediatric Association Outstanding Teaching Award for 2002. This highly competitive award recognizes one superior training program among all civilian and military medical schools, residencies, and fellowships across the entire United States. The most important strength mentioned by the award committee was the quality of medical education being provided to the USUHS medical students at the off-campus teaching sites, such as MAMC. USUHS has expressed their gratitude to our Pediatric Department faculty for their part in making this recognition possible by going above and beyond to ensure, undeniably, the best training experience for our future military medical officers.



Mr. Rick Stark, Professional Staff Member of the House Armed Services Committee learns how to maneuver the Army's Stryker vehicle first hand during his recent visit to Fort Lewis. *(Photos by 1Lt. Leighton L. Salmon, "Aide")*



Community learning the lessons of bio-terrorism

Story and Photos

By: Judith Robertson

Naval Hospital Bremerton
Public Affairs Officer

NAVAL HOSPITAL BREMERTON-

Smallpox could be used as a form of bio-terrorism. But if healthcare providers don't recognize it, how do other healthcare providers in the community, the state, the nation, get the alert? Most healthcare professionals have never seen a case of Smallpox. The last reported case of the highly contagious disease was in Somalia in 1977. As a naturally occurring disease, it has been eradicated worldwide.

In conjunction with the Kitsap County Department of Public Health, physicians at Naval Hospital shared information with approximately 30 community healthcare providers who attended a seminar titled "Fighting Terrorists at Home," Nov. 16.

Biologic and chemical threats, and the Kitsap County Disaster Plan, were topics of the course that provided the attendees four hours of Continuing Medical Education units.

Reflecting on the premise that no Marine should ever be lost because Navy Medicine was not prepared, hospital Executive Officer and Commanding Officer of Fleet hospital Bremerton, Capt. Patrick Kelly, welcomed the group and told them that the same applies for Kitsap County. "We don't want one citizen to not receive appropriate, immediate care because we were not prepared. We should and must be prepared. It is a local issue, civilian and military."

With his introductory scenario of a bio-terrorism attack, Capt. Bob Deedman, MC, Family Practice Clinic, painted a picture both horrific and plausible. While the 'scenario' was just that, 'made up', the audience realized it was just that type of outrageous possibility for which they now had to prepare.

Photos of various diseases manifested at varying stages aided in the education process. Human reaction to various agents and the appropriate medical response was addressed.

Having healthcare providers well trained in the



HMCN Marion Murphy-Osborne, leading chief in Naval Hospital's Operational Readiness Dept., guides local civilian healthcare providers through Fleet Hospital Bremerton's training site on the hospital campus. The group was gathered Nov. 16 to learn about bio-terrorism threats and military and community response.

immediate recognition of these diseases is essential, Deedman said.

"In a biologic threat, one thing is for sure, it will be a silent release," he said. "There aren't going to be any bells and whistles."

The group learned about the threat and potential dangers of Anthrax, Plague, Smallpox, Botulism, Ebola, among others.

Also from the Family Practice Clinic, Lt. Cmdr. Sam Blackadar, MC, outlined the threats from chemical warfare.

Throughout history warfare has included chemical agents as weap-

ons according to Blackadar. In 600 BC in Solon, Hellebore roots were thrown into water causing diarrhea in those who drank it. More recently we know that chemical agents were used in Iraq against its Kurdish population. Records indicate the attacks wiped out 100 percent of individuals who were exposed.

Diseases related to Cyanide exposure, vesicants such as Mustard "gas", pulmonary agents and nerve agents such as Sarin (the agent used in the Tokyo subway attack in March 1995), were discussed. The recognition,

(Continued on page 6)

2002 DOD Federal Program finalist

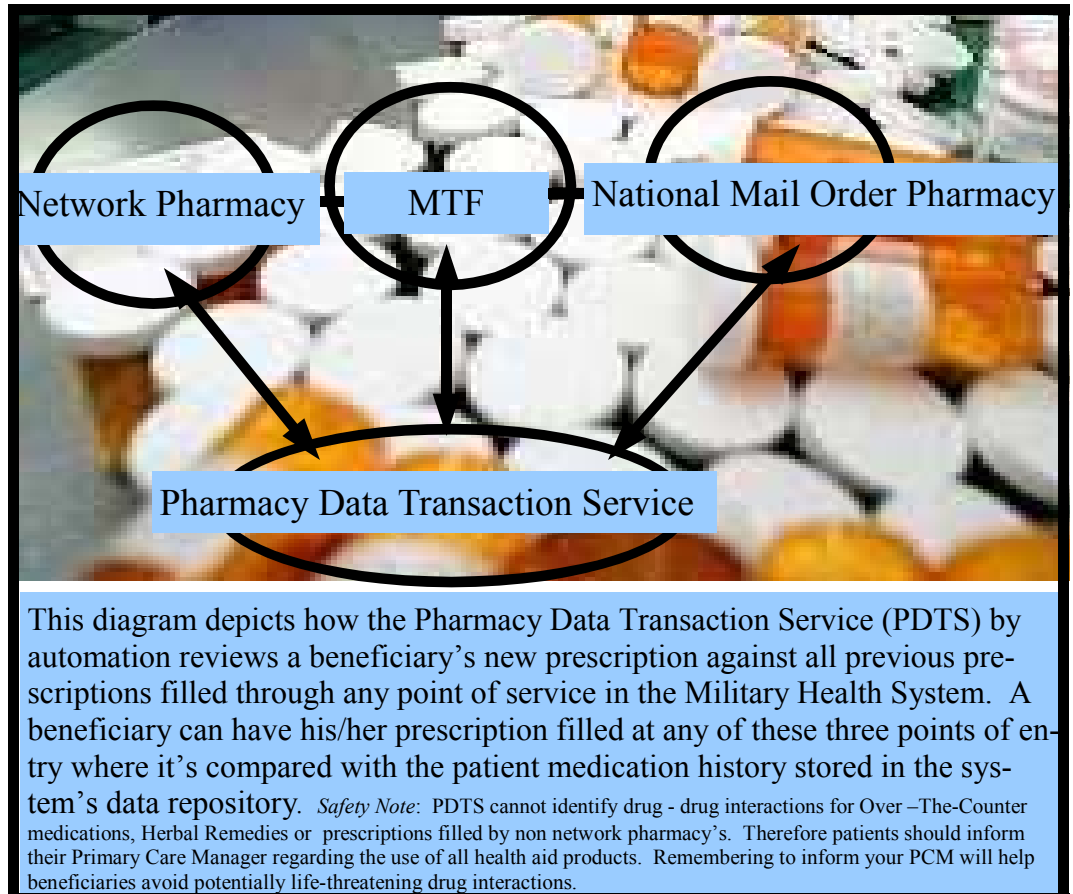
By: TRICARE MANAGEMENT ACTIVITY— Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, announced today that the Department of Defense's (DoD) Pharmacy Data Transaction Service (PDTS) is a finalist in the President's Quality Award Program.

This program honors accomplishments that further the president's objectives. PDTS—a tool used to enhance patient safety—was selected from 100 applications and is one of seven finalists.

In addition to the President's Quality Award recognition, Harvard's Innovations in American Government Program selected PDTS as one of 17 results-driven federal government programs to be a semifinalist for the

Innovations in American Government Award. The 17 programs are among 99 semifinalists named for the prestigious award, selected from a pool of nearly 1,000 applicants. By the end of this year, 15 of the 99 semifinalists will be named finalists.

"Use of the PDTS re-



Army Col. William Davies, director, DoD Pharmacy Benefits Division, reports PDTS has identified and avoided more than 53,000 potentially life-threatening drug interactions since activation in June 2001.

sults in higher quality medical care based on proper medication control, reduced fraud and abuse, better management reporting and control, and most important, increased patient safety," said Winkenwerder. The innovative online solution screens for and prevents

potential life-threatening drug interactions in a pharmacy system that distributes prescription medications worldwide from various dispensing locations to the Military Health System's (MHS) 8.7 million beneficiaries.

The PDTS uses state-of-the-art technology to

link patient information between pharmacies at military treatment facilities, the National Mail Order Pharmacy, and retail pharmacies that are part of the TRICARE managed care network. The PDTS uses a robust, centralized data reposi-

(Continued on page 5)

(Continued from page 4)

tory to store and analyze information about prescriptions filled across the DoD's worldwide network of pharmacies.

When a patient requests a new or refill prescription at any of DoD's worldwide pharmacies, the data is entered into the PDTs where it is compared with a complete patient medication history stored in the system's data repository. Through an automated tool, PDTs reviews a beneficiary's new prescription against all previous prescriptions filled through any point of service in the MHS.

With real-time velocity and before the medication is dispensed, warning messages and alerts are provided to the dispensing pharmacist or physician indicating possible adverse interactions, therapeutic overlaps, and duplicate treatments. Each transaction becomes part of the individual's patient profile stored in the data repository. Army Col. William Davies, director, DoD Pharmacy Benefits Division, reports PDTs has identified and avoided more than 53,000 potentially life-threatening drug interactions since activation in June 2001.

Regional Breast Cancer Conference

Madigan Army Medical Center— The 5th Annual Regional Breast Cancer Conference was held November 15 in the Letterman Auditorium at Madigan Army Medical Center. About sixty attendees were briefed on different aspects of breast cancer. Captain Christine Hunter, commander officer, Naval Hospital Bremerton, spoke on the Gail Risk Assessment Program instituted at her facility in September 2001. Joining her was the Lead Mammography Technologist, Denise Lee who actually administers this program. Erin Camp of Ethicon Endo-Surgery presented the Ultrasound Guided Handheld Breast Biopsy System. Included in her presentation were excellent slides and a video of this specialized procedure. Dr. David McCune, Chief, Hematology and Oncology at Madigan, addressed the Role of Aromatase Inhibitors in the Treatment of Breast Cancer. Sarah Hall, Genetic Counselor, enlightened the audience on how genetics play a role in breast cancer and the problems associated with determining best candidates for genetic testing. The final speakers were Jenny Fuller, ARNP and Cynthia Toft, RNC who manage the Breast Cancer Diagnosis and Treatment Pathway at Madigan. Following the morning conference, representatives from several of Region 11's military hospitals and clinics met to discuss their own breast cancer programs.

Health care free screenings: how it helps prevent some conditions

By Dr. Vickie Driver

Madigan Army Medical Center— held a wellness fair in October. The purpose of the fair was to educate TRICARE beneficiaries regarding their health care and prevention of some diseases or conditions. During this event the MAMC Podiatry staff provided a free diabetic foot screening. About 244 patients had their feet examined and these are our findings: we found that 36% of the population was high risk; 16% were moderate risk; 48% were low risk. Of the high risk patients 98% had peripheral neuropathy (meaning they were not able to feel their feet). Some completely, some partially...could not feel their feet. 22% had poor blood flow; 76% had foot deformities; 24% had a history of a sore. Many diabetics are not aware that their feet could be considered high risk. Since 1995, Madigan Army Medical Center has supported a high-risk diabetic foot clinic that is dedicated to saving limbs. One of the major causes of hospitalizations among diabetics is a problem relating to the foot. Please encourage your diabetic patients to have a foot screening at the next Wellness Fair, or sooner if warranted.



Foot care health findings were significant: patients WERE surprised by some of their results

(Continued from page 1)

commanding officer of Naval Hospital Bremerton, said of one of the hospital's information technology initiatives, the Integrated Clinical Database, a Web-based fix for the

Composite Health Care System that was already in place, "This allows us to manage health, instead of simply treating an episode of illness."

The article also features Bassett

Army Community Hospital, Fort Wainwright, Alaska and Walter Reed Army Medical Center, Washington, D.C.

(Continued from page 3)

diagnoses, action on humans, immediate treatment and long-term effects were presented.

"That was a very good presentation," said Dana Brainerd, RN, Infectious Disease Nurse for Kitsap County during the lunch break. "Scarey, but very good – helpful."

The group was then provided a tour of Fleet Hospital Bremerton's deployable field hospital training set. In that setting, they heard an update on Kitsap County Public Health Service's County Emergency Response Plan.

Speakers for the Dept. of Public Health included Rick Gunderson, the county's Regional Bio-terrorism Coordinator,

who gave an overview of the size (Kitsap County is the lead county for Region II which includes Jefferson and Clallam Counties), the budget, and the timeline the county is faced with to assure the response plan is in place; and Scott Lindquist, MD, head of Kitsap County Public Health.

"I'm an infectious disease doc, so this doesn't scare me," Lindquist said "What scares me is the communication and planning pieces. We need good data collection, and good data collection over time is called surveillance."

Lindquist went on to describe the concept of Syndronic Surveillance and its importance to im-

mediate response in the region to any chem-bio-terrorist attack. Lindquist also described the use of informatics in the form of a web-based, automated program that will pick up information from every emergency room in the region and supply it in real time to a central location to create map-graphs of the county. "If the data collected indicates incidents of pneumonia or blistering diseases are higher than normal, then an alarm goes off 24/7/365. Can we do this in Kitsap County? Yes," Lindquist said.

In the spirit of 'we're all in this together,' it was evident during the presentations that an essential

part of any communication plan is cooperation.

"In the past year, since 9/11, the best friend I've had is the Navy. They have been the most professional, most courteous and the most forthcoming with information,"

Lindquist said

Having a good alert system in place throughout Kitsap County is essential.



HM2 Tim Severtson offers Ellen Arthur, RN, program director for Bio-terrorism and Emergency Response for Kitsap County, what he jokingly called "the four fingers of death," the hot dog meal selection from the military's MREs (Meals Ready to Eat). The group met for training on military and community bio-terrorism threats and responses in November.



Naval Hospital Bremerton